

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90068 001 \*\*\*150.00

0515424 AV

**DOCUMENT # P96000005632**

1. Entity Name

**D. L. GREENE, INC.**

Principal Place of Business

**2199 PRINCETON STREET  
 SARASOTA FL 34237  
 US**

Mailing Address

**P.O. BOX 48509  
 SARASOTA FL 34230  
 US**



2. Principal Place of Business

**300 SARASOTA QUAY**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**SARASOTA FLORIDA**

City & State

Zip

Country

**3412 36**

**SARASOTA**

Zip

Country

4. FEI Number

**65-0636294**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WOLFINGER, ENOLA H  
 4509 BEE RIDGE RD.  
 STE B  
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**4509 Bee Ridge Rd.**

**Ste C**

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

**D. L. Greene**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-20-02**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GREENE, DEBORAH L</b>	
STREET ADDRESS	<b>2927 FOREST LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RUTH, JACK G</b>	
STREET ADDRESS	<b>3843 CHAPEL DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**D. L. Greene**

**4-20-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)